STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: The Estelline Journal		2. DATE: 9-19-24
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 50	3B. ANNUAL SUBSCRIPTION PRICE $: 65 + $ 75
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): PO Box 159, Estelline, SD 57234		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): PO Box 50 Castlewood, SD 57223		
6. FULL NAME OF PUBLISHER: LeeAnne Dufek		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME: Hamlin County Publishing Inc.	COMPLETE MAILING ADDRESS: PO Box 50 Castlewood, SD 57223	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.: none		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	550	550
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	110	110
2. Mail Subscription (Paid and or requested)	248	235
3. Paid Electronic Copies	20	26
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	378	371
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	17	17
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	395	388
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	155	155
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	550	550

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

LeeAnne Dufek (Signature) — Owner (Title)

State of South Dakota)

County of Hamlin

Sworn to before me this 20th day of Sept, 20 24

Jeanette Rudebusch
Notary Public

My commission expires: My Commission Expires January 14, 2029

(Seal)

JEANETTE RUDEBUSCH Notary SEAL Public South Dakota

Form: SOS REC 051 9/2016